

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	(Through numeral) Cancelled	<input type="checkbox"/>	N Non-Elected	<input type="checkbox"/>	A Appeal
<input checked="" type="checkbox"/>	Allowed	<input checked="" type="checkbox"/>	Restricted	<input type="checkbox"/>	I Interference	<input type="checkbox"/>	O Objected

Claim	Date
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